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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted With Initial
Filing **OR** ☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number GG119.1US
First Named Inventor Carl Risinger

COMPLETE IF KNOWN

Application Number Unassigned
Filing Date August 29, 2001
Group Art Unit Unassigned
Examiner Name Unassigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DETECTION OF CYP2D6 POLYMORPHISMS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0021286.0	GB	08/30/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	28996	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
Address					
City			State	ZIP	
Country		Telephone		Fax	
				617-964-7974	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Carl			Family Name Risinger or Surname		
Inventor's Signature					Date
Residence: City		State	Country	Citizenship	
Uppsala			Sweden	Swedish	
Mailing Address Geljersgatan 25C					
Mailing Address					
City		State	ZIP	Country	
Uppsala			SE-752 26	Sweden	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Maria Kristina			Family Name Andersson or Surname		
Inventor's Signature		Date			
Residence: City		State	Country	Citizenship	
Uppsala			Sweden	Swedish	
Mailing Address Backvagen 14					
Mailing Address					
City		State	ZIP	Country	
Uppsala			SE-756-52	Sweden	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>one</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tommy		Lewander	
Inventor's Signature		Date	
Residence: City	Uppsala	State	Country Sweden
Citizenship		Swedish	
Mailing Address Rosenvägen 6			
Mailing Address Same as above			
City	Uppsala	State	ZIP SE-756-52
Country		Sweden	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Erik		Olaissou	
Inventor's Signature		Date	
Residence: City	Uppsala	State	Country Sweden
Citizenship		Swedish	
Mailing Address Bonadsvägen 8			
Mailing Address			
City	Uppsala	State	Zip SE-757 57
Country		Sweden	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	Zip
Country			

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